



High School Concurrent COURSE DROP FORM

3000 West Scenic Drive
North Little Rock, Arkansas 72118
501-812-2759 • Fax 501-812-2733
www.uaptc.edu

Date _____ SSN or Student ID Number _____

Full Name _____ High School _____

Reason for Dropping Class _____

Title of Course	Department	Course Number

Student's Signature _____ Date _____

Parent or Legal Guardian Signature _____ Date _____

H.S. Counselor, Principal or Designee Signature _____ Date _____

Office Use Only:

<p>Refund</p> <p><input type="checkbox"/> None</p> <p><input type="checkbox"/> 100%</p> <p><input type="checkbox"/> 50%</p>	<p>Date Received: _____ By: _____</p> <p>Date Posted: _____ By: _____</p>
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